

## State of Rhode Island

## **Department of State - Business Services Division**

## **Application for Amended Certificate of Authority**

**FOREIGN Business Corporation** 

→ Filing Fee: \$75.00 (\$235 for an increase in authorized shares)



Pursuant to the provisions of RIGL 7-1.2-1411, the undersigned foreign corporation hereby applies for an Amended Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement: 2. The name of the corporation is: 1. Entity ID Number: 001734936 GRAY MEDIA GROUP, INC. 4. List the date the Certificate of Authority was issued by the 3. It is incorporated under the laws of: RI Department of State: Delaware 01/24/2022 5. If the entity's name has changed, Gray Local Media, Inc. state the new name: Check box to indicate no change 6. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application: 7. If the entity's purpose is changing complete the following section: \*The new purpose should include ALL activity to be transacted in the State of Rhode Island.

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Check the box to indicate an attachment

Phone: (401) 222-3040 Website: www.sos.ri.gov

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FILED

Check box to indicate no change X

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FORM 151 - Revised: 3/2024

*List ALL authorized sha NUMBER OF SHARES			complete the following section:  PAR VALUE OR STATE NO PAR VALUE	
				<del>.</del>
Check the box to indicate	an attachment		Check	box to indicate no change X
8a. An estimate, as a perc of the corporation to be loc of all property of the corpo (Note: Percentage obtaine	cated within this state or ration to be owned du	during the following year b	ears to the value	%
8b. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)				%
9. As required by RIGL 7-1	<u>,2-105,</u> the corporatio	n has paid all fees and tax	es.	
10. Except as herein modi hereby confirmed, ratified	fied, the original Applie and incorporated by re	cation for Certificate of Aut	hority continues in on for Amended Ce	full force and effect and is entificate of Authority.
11. Date when the Amendo	ed Certificate of Autho	rity will be effective: CHEC	K ONE BOX ONL	Υ
X Date received (Upon	filing)			
Later effective date (Date must be no more than 90 days from the date of filing)				
12. Under penalty of perjuincluding any accompanyi	ry, I declare and affirm ng attachments, and t	n that I have examined this hat all statements containe	Application for Am	ended Certificate of Authority, and correct.
Name of Authorized Officer of the Corporation				Date
STEPHANIE HENCZ, VICE PRESIDENT				07/29/2024
Signature of Authorized O	fficer Stephane	Honay	<u> </u>	•